pt. Health, ., Welfare S. Public lth Service

300 1-57

THE DIVISION OF HEALTH OF MISSOURI

FILED NOV 6 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 37823

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9913

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Jewish Hospital — Length of stay in 1b: 14

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: St. Louis
c. CITY OR TOWN: Normandy 4180 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): 2809 Wakonda Dr. 27 — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First LEO — Middle KENRICK — Last MANNING

4. DATE OF DEATH: Month, Day, Year: October 22, 1957

5. SEX: Male — **6. COLOR OR RACE**: White — **7. MARRIED** ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Aug. 23, 1896

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 1, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Dentistry

11. BIRTHPLACE (City and state or country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Thomas Manning

13b. MOTHER'S MAIDEN NAME: Margaret Walsh, II

14. NAME OF HUSBAND OR WIFE: Arlene Quitzow Manning

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes — WW I

16. SOCIAL SECURITY NO.: 495-44-7870

17. INFORMANT Address: Arlene Q. Manning, 2809 Wakonda

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	2 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Massive hemorrhage - duodenal ulcer	4 Days
DUE TO (c)	Subtotal gastric resection	2 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 541.0

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/18/57 to 10/22/57 and last saw ~~him~~ alive on 10/22/57
Death occurred at 11:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Sam Schneider M.D. — **22b. ADDRESS**: 4652 Maryland — **22c. DATE SIGNED**: 10/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **23b. DATE**: Oct. 25, '57 — **23c. NAME OF CEMETERY OR CREMATORY**: Oak Grove Cemetery — **23d. LOCATION** (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR ADDRESS: Ambruster Mortuary, 6633 Clayton Rd. — **25. DATE RECD. BY LOCAL REG.**: OCT 23 '57 — **26. REGISTRAR'S SIGNATURE**: Karl Schmidt MD

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Fred J Faimer

Licensed Embalmer No. 4988

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.